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1. CIR./DIST./ DIV. CODE EDNY		2. PERSON REPRESENTED Theodore Papahatiz		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 05 CR 842 (ARR)		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S.A. V. Cannistraci, ET AL.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant Appellant <input type="checkbox"/> Juvenile Defendant Appellee Other	
10. REPRESENTATION TYPE (See Instructions) CC					

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*  
21 USC 842

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS  MICHAEL GOLD 386 PARK AVENUE SOUTH 13TH FLOOR NEW YORK, NY 10016  Telephone Number :		<p align="center"><b>FILED</b> <b>IN CLERK'S OFFICE</b> <b>U.S. DISTRICT COURT, EDNY</b> <b>★ DEC 13 2005 ★</b> <b>BROOKLYN OFFICE</b></p> <p>COURT ORDER  <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel  <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney  <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel</p> <p>Prior Attorney's _____  Appointment Dates: _____  <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR  <input type="checkbox"/> Other (See Instructions) _____</p> <p><u>s/Robert Levy</u>  Signature of Presiding Judicial Officer or By Order of the Court  12/13/05 12/13/05  Date of Order Nunc Pro Tunc Date</p> <p>Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

**CLAIM FOR SERVICES AND EXPENSES** **FOR COURT USE ONLY**

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In					
a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$ ) TOTALS:					
16. Out of					
a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$ ) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					

**GRAND TOTALS (CLAIMED AND ADJUSTED):**

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number \_\_\_\_\_ ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO

Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED FOR PAYMENT — COURT USE ONLY**

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>				34a. JUDGE CODE